BANGALORE INSTITUTE OF ONCOLOGY

BANGALORE

BM - ORC

4th ANNUAL CONFERENCE OF BREAST CANCER FOUNDATION INDIA

THEME: FIGHT BREAST CANCER - REGARDLESS

INTERNATIONAL WOMEN'S DAY

8th, 9th & 10th MARCH 2000

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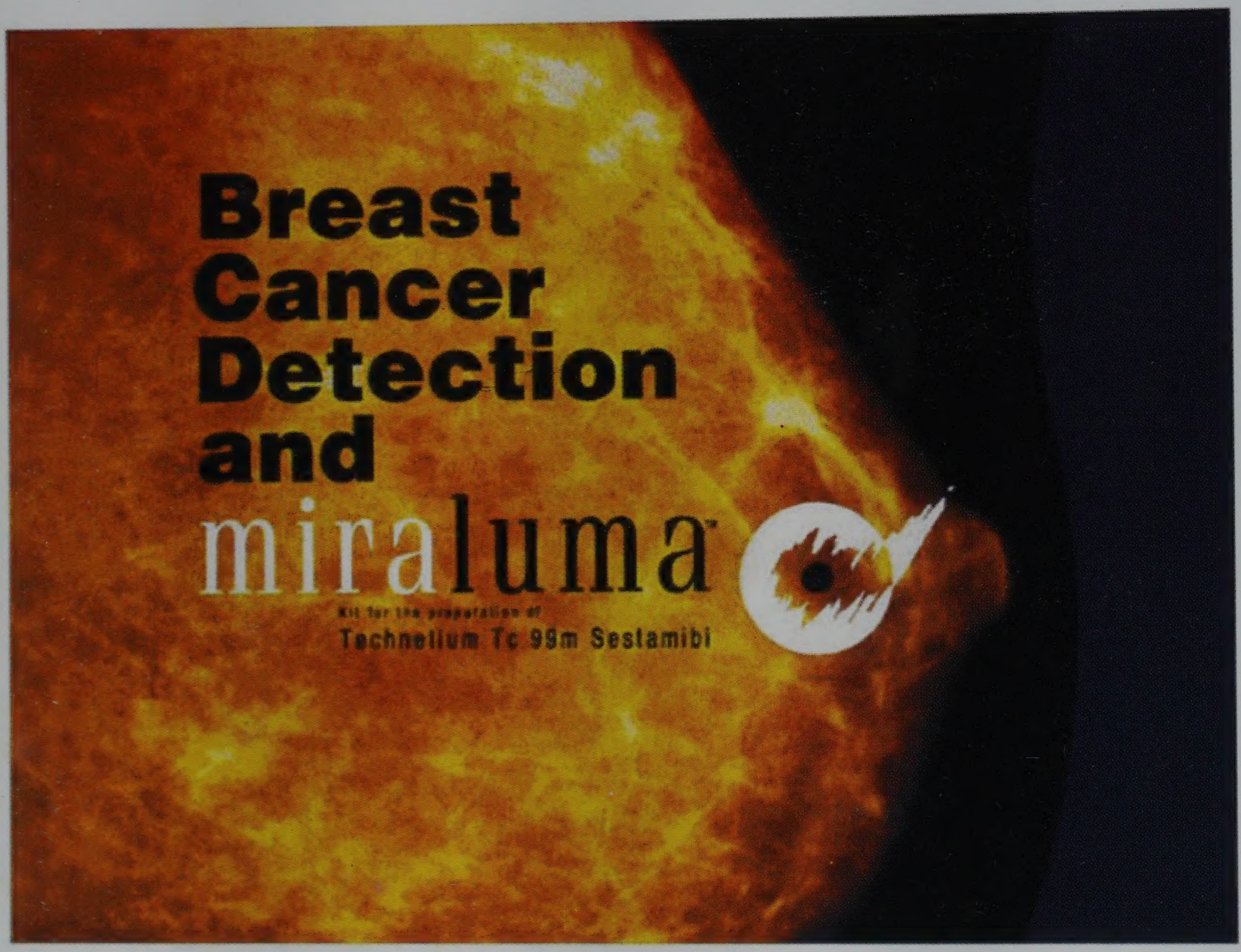

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Saxsons Biotech Pvt. Ltd.,

8th Floor, Vishal Tower10, Distt. Centre
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CHAIRMAN'S FOREWORD

On behalf of the hospital and the organising committee of the IV Annual conference of the Breast Cancer Foundation-India I extend a hearty welcome to all the participants and trade delegates. I also place on record my gratitude to all the organisations and institutions who have sent their representatives and also to the advertisers for their valuable contribution.

Occasions such as the International Women's Day provide a befitting opportunity to turn focus on the special health problems of women. In this context, among the serious areas of concern, cancer instantly comes before us as a challenge. Breast and Cervical cancer are so common among women throughout the world that it has attained epidemic proportions and would be difficult to curb without coordinated efforts and foolproof strategy.

Breast cancer is the second most common cancer among women in our country. According to WHO, world wide deaths due to breast cancer will rise to five lakhs by the end of year 2000 and almost a fifth of these will be from the Indian sub-continent. The rate rises sharply with age. However nowadays, early and proper diagnosis of Breast Cancer has become possible.In India, however, awareness of the benefits of early detection of breast cancer is very low. A well conceived and multidimensional approach only can remove such ignorance. I hope this conference would be able to finalise a strategy to make a determined onslaught on the growing curse of breast cancer.

Since the inception of our hospital we have been alive to providing proper facilities for the diagnosis and treatment of breast cancer. We hope there will be more public awareness as a result of 4th Annual Conference of Breast Cancer Foundation of India. We look forward to more events like this so that this hospital can contribute its mite in fighting this disease.

This souvenir marks the beginning of our awareness campaign in a small but significant manner.We intend to publish booklets and posters and other mass literature and organise video shows and camps to carry this message to the remotest corners of the State.

Dr. Ajai Kumar
Chairman
Organising Committee

Dr . RAMESH S. BILIMAGGA

Organising Secretary

It all happened when we were taking stock of our Hospital's Decade Celebrations. The Bangalore Institute of Oncology started by a group of professionals in 1989 has completed 10 years of dedicated service to suffering cancer patients in the city of Bangalore. I met Dr. Mahajan in Delhi during the Indian Society of Oncology biannual conference at Delhi in March 1999, during our routine talk he mentioned it to me to conduct the Breast Cancer Foundation's Annual Conference to be organised in Bangalore. After return from Delhi I discussed this with our hospital management and they accepted the offer and today we are holding the 4th Annual Breast Cancer Foundation Conference in this Garden city. I like to mention that Dr. B.S. Srinath and Dr. K.S. Gopinath and all my esteemed colleagues accepted this offer with pride and made that into a reality both academically and socially. I thank this team.

The main aim of the Breast Cancer Foundation was not only it should dissiminate knowledge to medical professional but also it should be useful to the public at large. At this juncture Banashankari Charitable Trust joined hands with us under the committee chairperson Mrs. Shubha E. Dasa to formulate a public education programme to understand the awareness about cancer in women with special reference to Breast Cancer Early Detection and Prevention. On this day to commemorate the **International Women's Day** we have Mrs. Sharada Gopinath Memorial lecture which will be delivered by an eminent oncologist of this country.

With the active team of Banashankari Charitable Trust, we have mobilised 56 women organisations to participate in this programme and conducted painting and art exhibition to bring in awareness on Breast Cancer.

For the benefit of long term survivors of Breast Cancer Patients we are having the COPES – "Reach to Recovery" programme being conducted by Ms. Viji Venkatesh of CPAA. Many thanks to Ms. Sarala Kohili and the members of CPAA for their collaboration in this programme.

No programme can be conducted without financial support. Our back bone for these conferences are our Pharmaceutical Companies. Educational Institutions mention specially IISc., MCI, MERT, RGHU and also all the donors well wishers of the functions. My special thanks to Dr. Shekar Patil for his quiet, persistent efforts in raising the requisite funds.

All functions should have the blessing and good wishes of many people. Our dynamic Vice-Chancellor has readily consented to inaugurate our Scientific Programme, Mr. Ananth Kumar, Minister for Culture & Tourism Govt. of India has also readily agreed to inaugurate the conference. To show our gratitude, we are honouring 3 dedicated Oncologists of repute in this the International Women's Day.

Finally, the aim with which the function was thought of, has come out well. Many thanks to our Chairman Dr. B.S. Ajai Kumar, who has successfully tuned our organisation ever since its inception, ably supported by our Vice-Chairman Dr. M. Gunasheela.

I will be failing in my duty if I don't thanks my colleagues for their support to mention a few Dr. Ganesh Nayak, Dr. Kallur, Dr. Nalini Rao, Dr. Ravi B Diwakar, Dr. Uday Kumar, Dr. Sanjeev Sharma, Mr. Srinivas, and his team and my secretary Ms. Gowri, Ms. Geetha Rao, Ms. Nalini Mishra, staff of BIO, IISc., JNC & ASR, Bangalore.

One truth I can not forget – but for our invited faculty and the delegates this function would not have any meaning.

We meet, we develop fellowship.

We discuss, we understand the disease.

We serve, God bless one and all.

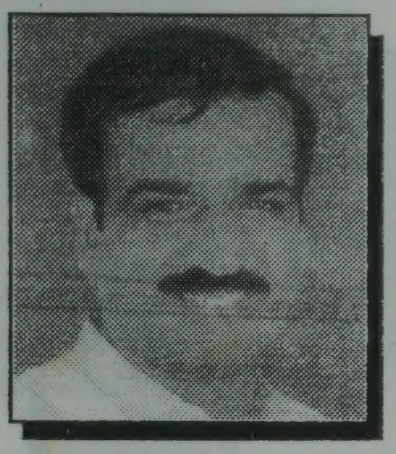
ORGANISING COMMITTEE

SITTING - left to right - Dr. Nalini Rao, Dr. K.S. Gopinath, Dr. Ganesh Nayak, Dr. M. Gunasheela
Dr. B.S. Srinath, Dr. Ramesh S. Bilimagga, Dr. M. Udayakumar

STANDING - left to right - Dr.K.Harish, Dr. Ravi B. Diwakar, Dr. Vishwanath S. Hiremath
Dr. Narendra Kumar, Dr. S. Vijayaram, Dr. B.S. Srinivas, Dr. Shekar Patil, Dr.K.G. Kallur

ANANTH KUMAR
ಅನಂತ್‌ಕುಮಾರ್

MINISTER OF TOURISM AND CULTURE
GOVERNMENT OF INDIA
NEW DELHI - 110 001



MESSAGE

I am happy to note that Bangalore Institute of Oncology is hosting the IV annual National Breast Cancer Conference on International Woman's Day.

Though we have already entered into a new millennium, the medical practitioners are still groping in the dark to find a solution to breast cancer which is causing considerable alarm.

At this backdrop I strongly feel this conference would provide an opportunity for health care professionals to arrive at strategies to find out some ways and means to contain this dreadful disease.

I wish the conference all the success. I thank the organisers of the conference.

Sd/-
(ANANTH KUMAR)

Dr. A.B. Maalaka Raddy
Minister for Health &
Family Welfare

Phone : Off : 2257285
Res : 2257602

Vidhana Soudha, Bangalore-1

Dated.....19.02.2000.....

MESSAGE

I am extremely happy to learn that the Bangalore Institute of Oncology is organising the IV Annual National Conference on Breast Cancer on 8th March 2000 in Bangalore. I am also happy to know that a souvenir is being broughtout on this occasion.

I am sure the conference would dwell on the subject and come out with suitable recommendations.

I wish the Conference all success.

Sd/-

(Dr. A.B. Maalaka Raddy)

Mrs. Nafees Fazal
Minister of State for
Medical Education

Phone : Off : 2269128
2092390
Res : 5471441

Vidhana Soudha, Bangalore-1

Dated 14.02.2000

MESSAGE

I am happy to know that the 4th Annual National Conference on Breast Cancer will be held on 8th to 10th March 2000 at Bangalore under the auspices of the Bangalore Institute of oncology, Bangalore.

I feel that the Breast Cancer can be cured if it is detected at the early stage and therefore awareness among women about Breast Cancer has to be created. In this direction, the forthcoming Conference would give an opportunity to the experts to find out new strategies to reduce the number of breast cancer patients by early diagnosis.

I wish the deliberations of the Conference all success.

Sd/-

(Nafees Fazal)

Suma Vasanth
Minister of State for Planning

Phone : Off : 2256365
2092230
Res :

Vidhana Soudha, Bangalore-1

Dated 29-02-2000

MESSAGE

I am happy to learn that the Breast Cancer Foundation of India is organising their 4th Annual Conference at Bangalore. The Breast Cancer is a major cancer which requires early treatment.

The efforts of this foundation in early detection of Breast Cancer by Breast Self Examination is really appreciable. The Women who are suspected to have breast Cancer may be trained well to detect in its early stages by this foundation, to help themselves.

I wish the all the success to the organisers of this Conference and hope that Women Patients with Breast Cancer will be immensly benefited.

Sd/-

(Suma Vasanth)

ರಾಣೆ ಸತೀಶ್
ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ರಾಜ್ಯ ಸಚಿವರು

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ದಿನಾಂಕ 1 - 3 - 2000

ಸಂದೇಶ

ಬೆಂಗಳೂರು ಇನ್ಸ್‌ಟಿಟ್ಯೂಟ್ ಆಫ್ ಆನ್ಕೋಲಾಜಿ ಇದರ ಆಶ್ರಯದಲ್ಲಿ ಸ್ತನ ಕ್ಯಾನ್ಸರ್ ಬಗ್ಗೆ ನಾಲ್ಕನೇ ವಾರ್ಷಿಕ ಸಮ್ಮೇಳನವನ್ನು ಆಚರಿಸುತ್ತಿರುವುದು ಸಂತೋಷದ ಸಂಗತಿ. ಈ ಕಾಯಿಲೆಯು ಮುಂದುವರೆದ ರಾಷ್ಟ್ರಗಳಲ್ಲಿ ಅಲ್ಲದೆ ಮುಂದುವರೆಯುತ್ತಿರುವ ರಾಷ್ಟ್ರಗಳಲ್ಲಿ ಹೆಚ್ಚು ಹೆಚ್ಚಾಗಿ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತಿದೆ. ಭಾರತದಲ್ಲಿ ನಮ್ಮ ಮಹಿಳೆಯರು ಸ್ತನಗಳ ಕ್ಯಾನ್ಸರ್‌ನಿಂದ ಹೆಚ್ಚಾಗಿ ಬಳಲುತ್ತಿದ್ದಾರೆ. ಈ ದಿಶೆಯಲ್ಲಿ ರಾಷ್ಟ್ರದ ಮತ್ತು ಅಂತರಾಷ್ಟ್ರೀಯ ವಿವಿಧ ಭಾಗಗಳಿಂದ ಪರಿಣಿತರನ್ನು ಆಹ್ವಾನಿಸಿ ಒಂದು ವಿಚಾರ ವೇದಿಕೆಯನ್ನು ಮಾಡಿರುವುದು ಹಾಗೂ ಸ್ಥಳೀಯ ವೈದ್ಯರಿಗೆ ಈ ಒಂದು ಕಾಯಿಲೆಯ ಬಗ್ಗೆ ಪರಿಣಿತಿಯನ್ನು ಒದಗಿಸುತ್ತಿರುವುದು ಮತ್ತು ಜನಸಾಮಾನ್ಯರಿಗೆ ಒಂದು ಉಪನ್ಯಾಸ ಚಿತ್ರಗಳ ಸ್ಪರ್ಧೆ, ವಾಸಿಯಾದ ರೋಗಿಗಳಿಗಾಗಿ ತರಬೇತಿಗಳನ್ನು ಹಮ್ಮಿಕೊಂಡಿರುವುದು ಶ್ಲಾಘನೀಯವಾದುದು.

ಈ ಸಂದರ್ಭದಲ್ಲಿ ತಮ್ಮ ಸಂಸ್ಥೆಯು ಮತ್ತಷ್ಟು ಸ್ತನ ಕ್ಯಾನ್ಸರ್ ರೋಗಿಗಳಿಗಾಗಿ ಸೇವೆಗಳನ್ನು ಸಲ್ಲಿಸುತ್ತಾ ಬರಲೆಂದು ಹಾಗೂ 4ನೇ ವಾರ್ಷಿಕ ಸಮ್ಮೇಳನವು ಯಶಸ್ವಿಯಾಗಿ ನಡೆಯಲಿ ಎಂದು ಹಾರೈಸುತ್ತೇನೆ.

ಸಹಿ/-
ರಾಣೆ ಸತೀಶ್

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಿಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
4ನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು-560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA
4TH 'T' Block, Jayanagar, Bangalore-560 041

Prof. S. Chandrashekar Shetty, M.S. (OPH)., D.O.
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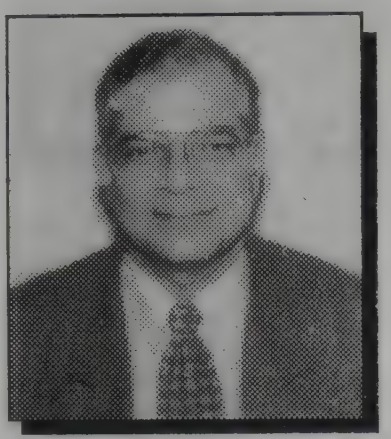


MESSAGE

I am happy to note that Bangalore Institute of Oncology is organising the IV Annual National Conference on Breast Cancer on March 8th, 2000 coinciding with International Women's Day. I am also happy to note that a Souvenir is being released to commemorate the occasion.

I hope the Specialists will deliberate on all relevant issues pertaining to Breast Cancer which will be useful to the participants in particular and the public in general.

I wish the Conference a grand success.

Sd/-
(Dr. S. Chandrashekara Shetty)

Dr. P.B. Desai
President - BCF-India

MESSAGE

I am happy and delighted to know that 4th Annual Conference of Breast Cancer Foundation of India is being held in Bangalore in March.

Breast cancer is now the most frequent cancer in women in many metropolitan areas in our country and it becomes obligatory for such a Foundation to send out correct messages in this regard to the public and the scientific community.

Breast cancer is a classic model through which very significant progress has been achieved and a great deal of scientific knowledge has accumulated in cancer science as a whole. Many cancers are now preventable and breast cancer might well be preventable in the coming decades. Technology for very early diagnosis, improvement in treatment methods, preventing and predicting the spread of breast cancer for its control and cure should now be our major goals which must be propagated through the Breast Cancer Foundation to the community by appropriate means.

I hope the deliberations of this conference will address to some of these important issues.

Dr. P.B. Desai
President
Breast Cancer Foundation - INDIA

Dr. M.K. Mahajan
Secy. General, BCF-INDIA

MESSAGE

"Breast Cancer Foundation-India" was instituted as a NGO in 1997 by the professionals engaged in the research and treatment of breast cancer for promotion of health status of women in our country through a comprehensive strategy i.e. Education & Awareness promotion leading to objective evaluation of personal health.

Dr. P.B. Desai, our honourable president commented during his last address that in an institution like that of our country, the priority of research should be decided by the beneficiaries i.e. our women folk. We wish this endeavour to create such an environment.

The themes of the previous conferences speak for the direction of our activities, which are:

(1) Consensus - a day dream or reality;

(2) Women's health- future of nation and

(3) Early detection- the hall mark of cure.

And the theme of the 4th conference i.e. "Fight Breast Cancer-Regardless" conveys the mood of the organisers.

We earnestly hope that the present conference the 1st in South India will provide the platform to renew our commitments country-wide. Our deep gratitude to all the participants and those involved in the organisation of this event!

Dr. M.K. Mahajan
Secy. General, BCF-India.

PROFILE
OF
BANGALORE INSTITUTE OF ONCOLOGY

A DECADE OF OUR EXISTENCE

Bangalore Institute of Oncology was established in 1989, as a comprehensive multidisciplinary Cancer Centre to cater to the population of the State of Karnataka and the parts of adjoing neighbouring states. This Hospital is now well established and offers treatment to all Cancer patients irrespective of their economic status, caste, creed or religion.

2000 new cancer patients receive treatment every year.This Hospital is the Principal unit of the parent organization called Banashankari Medical & Oncology Research Centre Ltd.

BANASHANKARI MEDICAL & ONCOLOGY RESEARCH CENTRE LTD.

This Company was established in 1986, as a private limited company with an intention to set up a Cancer Centre. It now has 70 shareholders with a paid up capital of Rs. 20471710/- and an authorized share capital of Rs. 10 crores.This Company was converted into a Public Limited Company in April 1992 with a view to broaden the scope of growth and also to attain better adminstrative controls.

The Company has grown during these years and its assets have increased to Rs. 41655000. It now runs two Cancer Units, the main centre being Bangalore Institute of Oncology.The other centre supports BIO and it is Bangalore Institute of Oncology, Chamarajpet Unit. Kalasa Extension.

In all the Hospital cater to nearly 2000 new Cancer Patients, and performs over 1000 major operations a year, providing in-patient facilities to 100 patients (100 beds).

The Hospital is comprehensive, provide facilities in Radiotherapy, Surgery,Chemotherapy,Laboratory facilities and Rehabilitation of Cancer Patients.

MILESTONES:

The Hospital started as a 27 bedded centre.

1993 - Bed strength was increased to 55. Intensive Chemotherapy Ward and Deluxe wards were commissioned.

1994 - Banashankari Civic Amenity Site was allotted by BDA to the hospital.

1995 - Addition of 11 beds for Chemotherapy.

1996 - Installation of Nuclear Medicine Department and Computerized Treatment Planning System at a Cost of Rs. 1.02 crores (IDBI- DPG Loan)

1997 - Pharmacy and Laboratory became totally company operated increasing the revenues and profits.

1998 - I) Establishment of BIO, Chamarajpet Unit, Kalasa Extention.

II) Purchased a land measuring 6800 sq.ft. at Srinivasa Colony at a Total cost cost of Rs. 92 lacs.

1999 - Acquired a Cancer Detection Bus (mobile) donated by Rotary Foundation- USA and Chikmagalur Rotary Club.

BOARD OF DIRECTORS:

The Company is headed by a dynamic medical doctor Dr.B.S. Ajai Kumar, MD, practising in Burlington, IOWA,USA. He also owns the Bharath Institute of Oncology at Mysore,which is a chariatable venture.

The other Directors are Dr.M. Gunasheela, MD, FRCS as Vice Chairman.

Dr.B.S. Srinath,MS,FRCS, FRCS - Managing Director.

Dr. Ganesh Nayak, MS, DABS, FICS - Director.

Dr. V.K. Iya, M.Sc, D.Sc(Paris), Former Director, Isotope Divisions, BARC, Bombay - Director

Mr. Varadi R.Ramaiah, Industrailist - Additional Director.

Dr.K.S. Gopinath, Consultant Surgeon - Addtional Director.

Dr. Shekar Patil, Consultant Medical Oncologist - Additional Director.

FUTURE PLAN:

The Company is having ambitious plans to expand the Hospital with an intention to upgrade the facilities which includes Bone Marrow Transplantation Unit, Linear Accelerator Therapy, etc., which cost about 6 crores in the next three years.

BANGALORE INSTITUTE OF ONCOLOGY

I.	**DIAGNOSTIC FACILITIES**		**TREATMENT FACILITIES**
01	Nuclear Medicine with SPECT Gamma Camera	01	Surgical Oncology with two modern operation theatres.
02.	Mamography	02	Gynecological Oncology
03	Ultrasound Scannaing	03	Radiotherapy - Telecobalt Therapy - Brachytherapy - I - 131 & P-32 Therapy
04	Colposcopy	04	Medical Oncology
05	Tumour Markers	05	Pain Relief Clinic
06	Cancer Detection Clinic	06	Cancer Rehabilitation Clinic
07	Well Women Clinic	07	Oral Cancer & Dental Project including Maxillo-facial Surgery and Head & Neck
08	X-ray	08	On the anvil
09	Laboratory Services - Pathology - Histopathology - Cytology - Serology - Microbiology		Linear Accelarator Bone Marrow Transplantation

II OTHER SERVICES:

1. Full fledged Pharmacy (located within the Pharmacy)
2. 24 hours Blood Bank
3. Ambulance Services
4. Health Education Counsel
5. Patient Library

III AUXILLIARY SERVICES:

1. Physiotherapy
2. Speech Therapy
3. Cancer Support Services
4. Prosthesis

IV. OPD: Consultation and facilities available MONDAY TO SATURDAY BETWEEN 9 AM TO 8 PM

V. IN PATIENT FACILITES: 65 Beds in the main Hospital
30 Beds at our annexe located 2 kms from main Hospital
Ward Types - General, Special and Deluxue wards

BANGALORE INSTITUTE OF ONCOLOGY

MEDICAL SPECIALISTIES AND CONSULTANTS

MEDICAL SPECIALITY	CONSULTANT
01. MEDICAL ONCOLOGY	01. Dr. B.S. Ajai Kumar, MBBS, MD 02. Dr. Shekar Patil, MBBS,MD, DM 03. Dr. Ravi B. Diwakar, MD, DM 04. Dr.Rakesh Mittal, MD, DM
02. Surgical Oncology	01. Dr.K.S.Gopinath,MBBS, MS (BCM) FICS, MAMS 02. Dr. M. Gunasheela, MBBS,MD, FRCS 03. Dr. B.S.Srinath, MBBS, MS (PGI) FRCS(EDIN) FRCS(GLAS) 04. Dr. Vishwanath S. Hiremath,MBBS, MS(BOM) 05. Dr. Manjunath Shastry, MBBS, DNB 06. Dr. K. Harish, MBBS, DNB, MCh. 07. Dr. M. Chandrashekar,MS 08. Dr.A. V. Kulkarni, MS
03. RADIATION ONCOLOGY	01. Dr. B.S. Ramesh, MBBS, MD(RT)DRM,DMRD 02. Dr.(Mrs) NALINI RAO, MBBS, MD (RT) 03. Dr. M.Uday Kumar, MD, DNB(RT) DCCF (PARIS) 04. Dr. SANJEEV SHARMA, MBBS, MD (RT) DNB
04. NUCLEAR MEDICINE	01. DR. K.G. KALLUR, MD, DRM
05. GYNEC ONCOLOGY	01. DR. V.K. AHUJA, MD, (Ob/G)
07. RADIO DIAGNOSIS	01. DR. V.VISHWESWARAIAH, MBBS, DMRD(LON) TDP(WALES) FICR
08. ORTHOPAEDICS	01. DR. RAJEEV R.NAIK MBBS, MS (ORTHO) 02. DR. MUTHU, MBBS, MS(ORTHO)DNB)

09.	THORACIC SURGERY	01. DR. GANESH NAYAK, MBBS, MS, DABS
10.	UROLOGY	01. DR. P.S. REDDY, MBBS, MS (PGI) MCH(AIMS) 02. DR. K.M. SHRIDHAR, FRCS(UK) FRCS(CAN)
11.	PATHOLOGY & BLOOD BANK	01. DR. KANNAN GHARPURE, MD(PATH) DBP 02. DR. NARENDRA KUMAR, MD
12.	DERMATOLOGY	01. DR. M.V. SHENOY. MD,DVD
13.	CARDIOLOGY	01. DR. BINGI RAMAMURTHY, MD,DM
14.	NEUROLOGY	01. DR. M.S. MANJUNATH, MD,DM 02. DR. SUDHIR PAI
15.	ANAESTHESIA & PAIN RELIEF	01. DR. S. VIJAYA RAM, MD(ANAS) 02. DR. N.S. CHANDRASHEKAR, MD(ANAS) 03. DR. ANIRUDDH PAI
16.	CLINICAL IMMUNOLOGY & RHEUMATOLOGY	01. DR. S. CHANDRASHEKAR MD,DM
17	PSYCHIATRIST	01. DR. RAVI S. RAO
18.	HOMEOPATH	01. DR. B.S. MANJUNATH

Services of Physiotherapist, Speech Therapist Psycho Oncologist and Prosthetist are Available.

FELICITATION

Dr. K.A. DINSHAW

Dr. (Ms) Ketayun Ardeshir Dinshaw was born in Calcutta, W. Bengal on November 16, 1943. She completed her undergraduate training and MBBS qualification from Christian Medical College & Hospital, Vellore (Madras University) and DMRT and FRCR from Addenbrooke's Hospital, Cambridge, UK (London University) in 1973.

Dr. Dinshaw joined the Tata Memorial Hospital, Bombay as an Assistant Radiotherapist in 1974 and became the Head of the Department of Radiation Oncology in 1981. She was appointed the Director, Tata Memorial Hospital in November 1995 and the Director Tata Memorial Centre in March, 1997.

From 1995-96 she was elected to take charge as the President of Association of Radiation Oncologists of India (AROI) and as Vice President, International Society for Radiation Oncology (ISRO) for 1995-1997. Dr. K.A. Dinshaw was nominated as the President of the International Society for Radiation Oncology (ISRO) for 1997-2001. Additionally as a member of UICC Roll of Honour she is also elected as a Council Member of UICC for the period 1998-2006.

Dr. Dinshaw had been appointed a WHO Advisor and IAEA Consultant for Radiotherapy in developing countries. She is member of the Editorial Boards of various national and international journals on Radiology and Radiation Oncology and also a life member of a number of national and international Associations. She is a postgraduate examiner/observer for MD, DNB, MCH and DRP examinations in Radiotherapy and Oncology in Bombay and many outside Universities in the country.

Dr. Dinshaw has been a Chairperson/Member of more than 40 Expert and Scientific Advisory Committees both national and international and a visiting consultant and advisor to many (21) medical institutions in India on matters related to design and set up of Radiation Oncology Departments, Selection of Equipments, General Training Systems, etc. She was nominated to the Governing Council of the National Board of Examinations, New Delhi by Government of India in 1997.

Dr. K.A. Dinshaw has been privileged to deliver a number of Orations. She was invited to give the Dr. K.M. Rai, Dr. P.C. Daruwala, Dr. R.G. Dahyagude and Dr. Padam Singh Orations over the last few years. The first Dr. Gopal Ayengar Oration will be delivered in February 2000.

She was the recipient of the Indo American Ulrich Henschke Memorial Award in 1993 and Award for excellence in Professional Competence by Federation of the Parsi zoroastrian Anjumans of India 1997.

She is involved in the various national and international ongoing Principal Research Projects co-ordinated through the Tata Memorial Centre along with professional duties as a Radiation Oncologist.

Dr. Dinshaw has participated in over 275 international and national conferences/meetings and presented papers and delivered keynote addresses. She has to her credit 100 scientific publications.

During the last 3 years as Director, TMC a Major Upgradation Programme has been instituted in the Tata Memorial Hospital for infrastructure modernization, state-of-the-art equipment and computerization and networking of the entire campus. All administrative departments have been computerized for systems programmes and computerization following an audit systems review. A modern Digital Library with Video conferencing and Telemedicine is being developed.

As Director TMC, remains an overall responsibility for the implementation of the new ACTREC Centre at Navi Mumbai being developed by the DAE.

Dr. V. SHANTA M.D., D.G.O., F.A.M.S., D.Sc. (Hon)

Executive Chairman,Cancer Institute (WIA).

ACADEMIC POSITIONS HELD:

1. Associate Director & Scientific Director Cancer Institute (WIA) 1959 to 1980
2. Director & Scientific Director Cancer Institute (WIA) 1980 to 1997
3. Dean, Cancer Institute (Dr. Muthulakshmi) College of Oncologist Sciences and Director & Scientific Director, Cancer Institute (WIA) 1984 to 1997
4. Chairman & Professor, Division of Medical Oncology, Gynaec Oncology & Breast, Cancer Institute (WIA) 1984 to 1997
5. Doctoral (Ph. D.) Guide of the University of Madras in Clinical Oncology & Allied Sciences 1965 to 1991
6. Executive Chairman, Cancer Institute (WIA) 1997

PUBLICATIONS IN NATIONAL & INTERNATIONAL JOURNALS 80

CONTRIBUTIONS TO CHAPTERS IN SCIENTIFIC PUBLICATIONS 8

INTERNATIONAL COLLABORATION

Since 1989 on going - Indian Collobarator in the multi centre International collaborative protocol in treatment of acute lymphoblastic leukaemias and Non Hodgkin's Lymphomas with the Pediatric Oncology Division of the National Cancer Institute, Bethesda, U.S.A.

1990-1992 - Indo Japan Co-Operative study on Chronic Lymphatic Leukaemia and low grade Non-Hodgkin's Lymphoma (Molecular studies) University of Hiroshima.

1992-1994 - Indo Japan Co-operative study on Breast Cancer (Epidemiologic and Bio-chemical), University of of Aichi,Nagoya, Japan.

NATIONAL AWARD

1986 PADMA SHRI

AWARDS

1973 Raja Ravi Sher Singh of Kalsia Memorial Award of the ICMR for Original work on Cancer

1982 Ambo-Dr. Paspati Nath Wahi Cancer Award for contribution to the Cancer Control Programme in India

1984 The First "Sir Dorab Tata Oration" Award.

1984 The "Dr. Suboth Mitra Oration" Award.

1987 Dr. A. Ramdass Memorial Oration

1987 Shantabai Satwalkam Memorial Oration

1987 Dr. N. Subhadra Devi Memorial Endowment Lecture Instituted by Indian Medical Association.

1988 Dr. Kamal Vurnar Memorial Oration Instituted by the Independent Medical Practioners Association of India.

1991 Smt. Vimala Shah Award of Banaras Hindu Banaras University for outstanding work in Cancer

1991 Dr. Jones Memorial Oration (Women Doctors Association of Tamilnadu & Pondicherry)

1993 Oration of the obstetrics & Gynaecological Society of Southern India

1993 Dr. Narendran Memorial Oration (Association of Surgeons of India, Karnataka Chapter)

1993 Metlepalam Penumatchavari Endowment of the Andhra University " Cancer an Overview".

1995 Shrien Mehtaji Oration (Indian Academy of Cytologists)

1995 K.L. Gupta Memorial Oration (Association of the Clinical Bio-chemists of India at Bangalore)

1995 Manorama Sapru Oration(Hematology & Blood Transfusion Association of India)

1997 Louis Marchesi fellow of the Round Table Foundation

1997 International Association of Cancer Registries (IACR) Hon. Membership

OTHERS

1983 For the sake of Honour Award - Rotary Club of Salem

1984 Rajyalakshmi Venkanna Chowdary Award for Public Service

1984 The Title "Shastra Vaidhya Shastra Viboshani" Award Lioness District Assembly

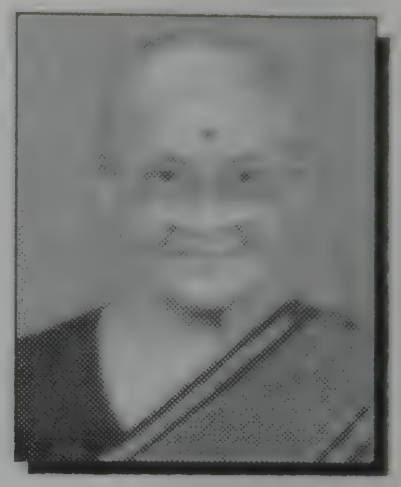
1987 Madras Telugu Academy Ugadi Telugu Award

1987 For the Sake of Honour Award Rotary Club of Madras

1998 Shree Ratna Award - International Women's Day 8.3.98

1998 Hon. Doctor of Sciences of the Shri. Venkateshwara University, Tirupati, Andhra Pradesh.

Dr. M. Leela Meenakshi
Consultant Oncologist
Sree Lavanya Hospital Vadavalli
Coimbatore - 46



After qualifying for Medicine form Madras Medical College took the WHO Diploma in Radiology DR (Therapy & diagnosis) from MMC.

Qualified and was admitted as **fellow of the Faculty of Radiologists, Royal College of Surgeons (London)** in the field of Radiology.

She has been conferred the **Fellowship of the Royal College of Radiology (London) Indian College of Radiology and Indian Academy of Sciences (TN).**

She is a member of a number of academic bodies and research organisation in Medicine and Cancer has presented and published a number of scientific papers. She developed the Cancer Centre at G.K. Naidu Memorial Hospital, Coimbatore into a WHO UICC centre for treatment and training in Cancer.

After retirement in now the Consultant Oncologist of Sree Lavaya Hospital, Kalveeram Palayam, Vadavalli, Coimbotore.

She is a Trustee of the Sri Kanchi Medical Trust Coimbatore, and Abhinava Vidhyatheertha Swamigal Research Foundation and Hospital at Sringeri.

She is actively involved in Cancer work as Member of the Board of Management - 'Amala Cancer Hospital and Research Centre'. Trichur.

Member Advisory Board of the Cancer Centre in Christian Fellowship groups of Hospitals Oaddan Chathram.

Founder Trustee (Technical) - Coimbatore Cancer Foundation.

She was invited to deliver the Ida Scudder Endowment Lecture - Twice. Dr. Jones Oration.

Faculty - Bio Medcial Engineering and Medical

Instrumentation Technology - (Bharathiyar University)

She was oppointed by the T.N Governement as member of "State Cancer Advisory Board" for the National Cancer Control Programme.

She is the Research Director of the project on "Early detection and staging of goiter in Hilly Tracts of Karnataka" - Conducted by Departement of Atomic Energy of India and Sharada Dhanvantari Charitable Hospital, Sringeri.

CURRENTLY :

Programs are Jointly Conducted by Dr. Leela Meenakshi, Medical Trust and Sree Lavanya Hospital

1. Regular CME Programs - Fauclty from Tata Memorial Hospital & Local
2. Regular weekly out reach screening programme of rural high risk group with the help of service organisation and local voluntary bodies, with follow-up.
3. Write popular articles for lay public in home journal and popular dailies in English & Tamil.
4. Regular AIR talks, live question answer programme, in English and Tamil on Cancer Education and Awareness.
5. Regular free Screening and Cancer Awareness Lectures for the public at Lavanya Hospital, Coimbatore.
6. Lavanya News Letter - A quarterly journal for general practitioners.

The following are a few of the recognisation of her services to the society.

1. Dr. V.P.Vasudevan Medal for Social Service - Awarded by Lions Club of Coimbatore.
2. Honoured as one of the FIVE GREATE LADIES of the State in Medicine by Lions International District 234B.
3. For the Sake of Honour Award by the Rotary Club of Coimbatore.
4. Vocatinal Services Award by the Rotary Coimbatore Central.
5. She is a Paul Harris Fellow.
6. Inducted as THE FIRST LADY ROTARIAN into Rotary Central Club.
7. The Rotary District 3200 received the prestigious 3H programme "GIFT OF VISION' from Rotary International. Dr. Meenakshi is the project Director and contact person for the Rotary Internatinoal. 1.9 Million Rural Population has been Screened in this project over 5 years in 260 weekly camps and eye care given - including 10,000 surgeries totally free.
8. She has been an Honourary Innerwheel Member for 2 years - Adviser, out-reach health care programs.
9. The prestigious "KULAPATHY MUNSHI AWARD" has been conferred on her by the Bharathiya Vidhya Bhavan, Coimbatore Kendra in recognition of the Services rendered by her in the field of Cancer.
10. The coveted 'CERTIFICATE OF HONOUR' for outstanding service and exemplary accomplishment in Cancer Detection and Treatment was conferred on her by the Lions Club of Coimbatore Central.
11. St. Joseph's College Trichy, Alumini Association Honoured her with the "PRIDE OF KOVAI" award.

Her Feild of Interest are,
Cancer Control,
Cancer Education & to serve the needy.

Dr. JAYASREE ROY CHOWDHURY

Dr. Jayasree Roy Chowdhury, M.B.B.S., Ph.D, D Sc, FAMS, MIAC has specialised in Oncology in the area of Cancer Research and Medical Oncology. She worked for 33 years in Chittaranjan National Cancer Institute as Head of the Deptt. of Tumour Biology and Chemotherapy. For 18 years she was the Director of the Institute when she was responsible for Planning, Executing and Monitoring all the programmes of the Institute. She guided about 20 Ph.D. students in both medical and science faculty of Calcutta University. She retired in 1994 and thereafter built a Cancer Hospital in Salt Lake City. She is now working as the Director of Subodh Mitra Cancer Hospital and Research Centre. With more than 200 publication in National and International Scientific Journals, she participated in many National and International Conferences. She was awarded Raja Ravi Sher Singh of Kalsia Memorial Cancer Research Award for 1966 and 1972. She was also awarded Ambo - Dr. Pashpati Nath Wahi Memorial Cancer Award of 1976. She has launched Cancer Control Programme both at the Institutional level and at the rural outset by cancer awareness as well as screening. She was the Founder Editor of Indian Journal of Cytology and Founder Editor of Indian Journal of Cancer Chemotherapy. She was Past-President of Indian Science Congress - Medical Section, Indian Academy of Cytology, Indian Association of speaker at UICC Congress - Budapest (1986), Humberg, Germany (1990), International Conference of Cervical Pathology and Colposcopy, Tokyo, Japan (1987), Rome, Italy (1990), Pan Asian Cancer Congress - Sri Lanka and Bangkok (1993)

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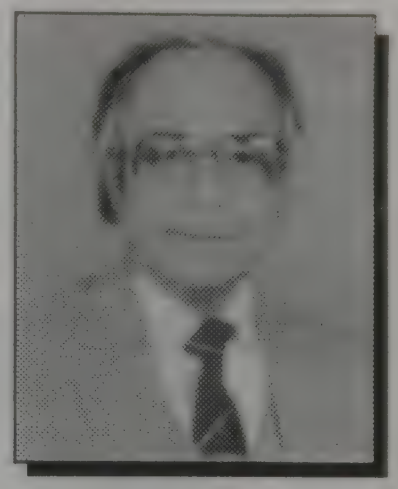
Prof. Dr. M. Krishna Bhargava, M.D., F.A.M.S.



Born in the year 1927 in the city of Bangalore. Dr. Krishna Bhargava graduated in medicine (M.B.B.S) in 1951 from the University Medical College, Mysore. He commenced his career as a lecturer in Pathology at his Alma Mater from 1953.Later, he obtained M.D. (Path & Bact) degree of Andhra University, working at the Ugraded Institute of Pathology Vishakapatnam. He was elected as a fellow of Academy of Medical Sciences (India) in 1986.

Dr. Bhargava was a visiting Professor at the National Cancer Institute of Canada (1968-69) as a Colombo Plan Fellow. He taught Pathology as lecturer, assistant professor and professor in medical colleges in Karnataka from 1953 to 1976 and Oncopathology at the Kidwai Memorial Institute of Oncology from 1976 to 1990. Hospital administration is his forte .

As the Medical Superintendent of Victoria Hospital between 1974 and 1976, he organized prompt and efficient patient care. Being the founder Director of the Kidwai Memorial Institute of Oncology (1980-1990 except about 6 months) the first autonomous Medical Institution in Karnataka and one of the Regional Cancer Centres in India, he was instrumental in developing the institution into one of the leading comprehensive cancer Centres with sophisticated treatment facilities, teaching and training Post-graduates in Oncology and Science doctoral (PhD) students in cytogenetics and molecular biology.

Dr. Bhargava conceived and developed the "Dharmashala" a unique cost-effective "ethnic" hospital into which about 250 ambulatory, cancer patients and equal number of their attendants were housed, fed and treated free of cost supported by in house doctor, nurse and medico-social workers. The Dharmashala Complex was built and using funds raised from the philanthropic public and free feeding was also a peoples effort. In collaboration with Helpage India, "Shantidhama", an Indian version of Hospice was established not for terminal cases but for palliative care of advanced cancers augmented with pain relief, psychosocial and spiritual support of prayers, meditation and Yoga.

Dr. Bhargava was the Principle Investigator for two major research projects - National Cancer Registry Project and Anti-Tobacco Community Education Project among others - supported by the Indian Council of Medical Research and the Central Ministry of Health. For the successful demonstration that anti-tobacco community education delivered through trained medical and para-medical personnel of Primary Health Centre brought about a significant reduction in the prevalence of tobacco use and the number of habituates, the World Health Organization awarded Dr. Bhargava the Tobacco on Health Medal and citation in 1990. The Karnataka State Cancer Control Programme designed by him in consultation with Dr. Jan Stjevnsward, the then Chief of Cancer Unity, WHO.Geneva was considered as one prototype model and 500 copies of the booklet were purchased by the WHO for distributing to cancer centres in developing countries.

Dr. Bhargava served several scientific organizations as President of the Karnataka Cancer Society (1979-1983), President of the Indian Association of Pathologists and Micro biologists (1985) and President of Indian Academy of Cytologists (1986 and 1987). He has been the Chairman of Scientific Advisory and Ethical Committee of the well known Jindal's Institute of Naturopathy and Yogic Sciences in Bangalore since 1982.

Presently, Dr. Bhargava is engaged in completing a book dealing with the philosophy and metaphysics of life, health, disease and death.

ABSTRACT

CYTOMORPHOLOGICAL AND HISTOPATHOLOGIC FEATURES OF METAPLASTIC CARCINOMA OF THE FEMALE BREAST

Smita Mary Matthai (PG Student)
Usha Kini MD, DCP, DNB, Asso. Professor
Department of Pathology,
St: Johns Medical College, Bangalore.

Metaplastic carcinomas are a heterogenous group of mammary neoplasms which exhibit both epithelial and mesenchymal elements and pose a diagnostic challenge. The paucity of cases availiable for study in any institution has prompted us to reflect on the cytohistologic and histochemical features of this rare neoplasm.

A 68 yr old South Indian female presented to us with a lump in the left breast of 3 weeks duration which on mammography showed features of calcification suggestive of "benign disease" and on the table resembled "cystic disease". The histopathology confirmed it to be a metaplastic carcinoma. A simple mastectomy was performed with axillary clearance. The lymph nodes were free of metastatic tumour. A year later, there was a recurrence which was diagnosed by Fine Needle Aspiration Cytology and the patient was further subjected for radiotherapy. She was in good health for three years but lost for follow up since oneyear.

The classical Fine Needle Aspiration Cytology picture with histopathological and histochemical features have been characterised. The carcinoma was confused with and needed to be differentiated from an infiltrating ductal carcinoma with squamous metaplasia, fascitis, fibromatosis and malignant fibrous hisiocytoma.

Key Words : Metaplastic Carcinoma,
Carcinosarcoma
Sarcoma of the Breast

A SIMPLE WAY OF DELIVERING TANGENTIAL TECHNIQUE WITH COPLANAR POSTERIOR FIELD EDGES IN RADIATION THERAPY OF BREAST CANCER.

Singh V, Mahajan M.K., O.Arun Singh, PAK Mohan.

Conventional radiation therapy treatment planning of the breast/chest wall is generally from tangential fields with isodose distributions calculated on the central axis plane without inhomogenity correction. Non divergent posterior beam edge achieved by a half beam block (breast cone) will result in significant hot spots towards the superior and inferior aspects of the field because of decreased separation in intact breast/chest wall radio therapy.

In order to achieve a non divergent beam edge posteriorly a simple way is suggested so as to reduce the dose to normal tissues such as the lung, heart and the contralateral breast. Paper is presented.

EXTRA SKELETAL OSTEOSARCOMA, BREAST - A CASE REPORT

Dr. Asha M, Dr. S. Parameshwaraiah, Dr. S. Umadevi

Institute : J S S Medical College - Mysore.

Abstract : 45 yrs female presented with history of lump in the right breast. Clinical diagnosis Carcinoma Breast Right sided mastectomy specimen was sent for HPE.

Gross: Mastectomy specimen 15 x 11 x 3 CMC. C/S shows a well circumscribed dark brown mass 6 x 3 CMC with areas of hemorrhage and necrosis. Another grey white area was seen adjacent to it 3 x 2.5 CMS.

Micro : Brownish mass from breast tissue show a malignant tumor composed of round to oval and spindle shaped cells arranged in sheets & bundles. Also seen are eosinophilic hyalinized osteoid tissue formed out of tumor cells and irregular blood filled spaces.

The adjacent grey white area features of fibrocystic change with epitheliosis.

Presenting this case becuase of its rarity

Keywords : Extra Skeletal Osteo Sarcoma, Breast

ROLE OF TUMOUR MARKER IN BREAST CANCER

Jayasree Roy Chowdhury
Director, Subodh Mitra Cancer
Hospital and Research Centre
IB-175, Sector-III, Salt Lake City,
Calcutta 700 091.

Breast Cancer patients were analysed clinically, hisotopathological evaluation and tumour marker assay. Scanning electron microscopic study were also made to note the relation between tumour marker expression and surface topographic changes during malignancy. Fifty women were suffering from breast cancer at different stages of presentation.

The tumour marker CA 15-3 was analysed from the sera of the patients before treatment, after surgery, after radiotherapy and chemotherapy and follow-up. The marker was increased in breast cancer and was directly proportional to the advancement of the disease. Quantitatively Ca 15-3 titres have been able to ascertain the tumour burden indirectly due to high expression of the marker in advanced cases. With reduction of Tumour burden as a result of treatment the marker level was significantly lowered. The rise of Ca 15-3 after treatment or during follow-up was found in the following cases.

(i) Presence of metastatic tumour cells in different sanctuaries.

(ii) Recurrence of primary site as a result of inadequate treatment.

(iii) Resistance to accepted treatment modalities.

The present study indicated a direct relationship with the biological response index of CA 15-3 which can be used to direct and select out true responders for maintenance chemotherapy.

NOTTINGHAM PROGNOSTIC INDEX; ITS ROLE IN INFILTRATING LOBULAR CARCINOMAS OF THE BREAST.

Purnima M. Makhija, Karuna Rameshkumar, R.F. Chinoy*
Department of Pathology, St. Johns Medical College,Bangalore
*Tata Memorial Hospital, Mumbai.

ABSTRACT : Nottingham Prognostic Index (NPI) is a powerful prognostic index in breast carcinomas. It utilizes basic data such as histological grade, nodal status an tumour size.

69 cases of infiltrating labular carcinoma (ILC), where follow up details were available were evaluated with the aim of validating the NPI in context of patient survivial. In this study a Cox regression analysis was conducted with relapse taken as the terminal event. 2 groups of patients could be identified.

The low risk group with an NPI of less than 3.5 and a high risk group with values greater than 3.5.

NPI was found to be an independent significant prognostic factor in predicting patient relapse ($p<0.05$).

This study underlines the role of a pathologist in being able to place patient of ILC into risk groups by evaluating simple data which is easy to procure.

Keywords: Nottingham Prognostic Index, Lobular Carcinoma.

PHYLLODES TUMOUR AND CELLULAR FIBROADENOMAS THE DIAGNOSTIC GRAYZONE.

Rajalakshmi T., Purnima Makhija
Department of Pathology,
St. Johns Medical College, Bangalore

The distinction between phyllodes tumours and cellular fibroadenomas is one of the diagnostic teasers which continue to riddle surgical pathologists all over. It is of paramount importance as the former has a definite risk for recurrence and may subsequently present with a higher histological grade or rarely even undergo sarcomatous transformation.

In this study we have analysed 12 cases of Phyllodes tumour in comparison with 10 cellular fibroadinomas in order to identify the differentiating features.

The mean age was higher in patients with Phyllodes tumour as compared to Fibroadenomas. Though size was not found to be an important predictor, the very large tumours were found to be Phyllodes tumours.

At histology, the most important distinguishing features were stromal hypercellularity, stromal overgrowth and a folliate pattern which was consistently present in all cases of Phyllodes tumour. On the other hand sparse cellularity and hyalinization were noted in most fibroadinomas. Nuclear pleomorphism which was absent in fibroadinomas was noted in six cases of Phyllodes tumours.

In conclusion Phyllodes tumours of the breast must be identified and distinguished from fibroadenomas with the aid of the above histologic pointers as they have a more aggressive behaviour and thus merit a wider excision and cautious follow up.

Keywords: Phyllodes tumours, fibroadenomas

HISTOMORPHOLOGICAL CHANGES IN BREAST CARCINOMA FOLLOWING ANTERIOR (NEOADJUVANT) CHEMOTHERAPY

Dr. Mellyka Mendonca
Dr. M.Vijaykumar
Dr. Geetashree Mukherjee

Breast Carcinoma is one of the most common cancers occuring in females. The percentage of carcinoma Breast has been steadily increasing in the past few years. The initial mode of treatment of carcinoma Breast was surgery or surgery with Radiotherapy and Chemotherapy as a combined modality approach. In the past few years, Neoadjuvant (Anterior) Chemotherapy has been developed for the treatment of stage III & stage IV Breast cancer patients. Treatment with this modality was found to be associated with decreased tumor size and an overall increase in disease free interval. Various histologic changes are seen associated with chemotherapy, prominent among them being cytoplasmic vacuolation, fibrosis, hyalinisation and stromal necrosis.

This paper discusses the histological findings in 43 patients of stage III - IV Breast carcinoma who had been treated with varying regimes and cycles of Neoadjuvant Chemotherapy followed by Mastectomy. The histological findings noted included the presence or absence of residual tumor and stromal necrosis, oedema, fibrosis, hyalinisation, cellular infiltrate, cytoplasmic vacuolation and nucleomegaly.

SARCOMA OF THE BREAST - A RETROSPECTIVE ANALYSIS.

Paul Augustine, Manoj Pandey[1],
Paul Sebastian[1], Elizabeth M Iype[1],
B. Rajan[2], Aleyamma Mathew[3], M. Krishna Nair[2]
Division of Surgical Oncology[1], Radiation Oncology[2], and Epidemiology[3] Regional Cancer Centre, Trivandrum, India.

Background : Soft tissue sarcoma is a rare neoplasm constituting <1% of all malignant neoplasms. Sarcoma of the breast is still rarer. In all, about 500 cases have been reported worldwide.

Patients and Methods: A retrospective analysis of patients done who presented with sarcoma of the breast to R.C.C. Trivandrum, between 1988-1996. Survival analysis done by SPSS software.

Results: A total of 13 patients were seen during the nine year period. Mean age of the patients was 37 years, ranging from 12-70 years. Majority of the patients (84.6%) presented with gradually progressing swelling, while one patient presented with severe pain. Majority of the tumours were angiosarcoma (30.8%); followed by pleomorhpic sarcoma, RMS and stromal sarcoma (15.4% each); while there was one patient each with spindle cell sarcoma, MFH and sarcoma (NOS). Over 61% of the tumuors were high grade. One patient had lymphnode metastasis while two had distant metastasis, at presentation. Seven patients underwent mastectomy, while two underwent beast conservation. Adjuvant treatment was given to 9/13 patients. At the end of follow up: 3 patients expired (23%), 2 developed local recurrence, one developed metastasis, one had local recurrence as well as metastasis, and two had progressive diseae.

Conclusion: Mastectomy is the treatment of choice. Axillary dissection is not required, except in cases where nodes are clinically enlarged. RT to chest is recommended by a few authours.

P53 IN SPORADIC BREAST CANCERS IN SOUTH TAMILNADU - A STUDY

Saravana.P Krishnamoorthy.J., Shanmugam.S,
Mohan Prasad, B.K.C., Jeyaraman,V.S., Vasanthamalai,S.
Govt. Rajaji Hospital, Madurai Medical College, Madurai, Tamilnadu.

Objective: To find the incidence of p53 gene mutation in sporadic breast cancers not treated with pre-op RT or CT and analyse its association with other prognostic factors

Methods: DNA Isolated from fresh tumor samples or samples snap frozen in liquid nitrogen and stored at - 70 degreeC were amplified by PCR technique and subjected to SSCP analysis and then the three SSCP positive samples were sequenced for identification of the mutation. One had mutation in exon 5 {codon 149, TCC to CCC}, one in exon 7 {codon 237, ATG to ATA} and onein exon 8 {codon 274, GTT to GCT}. DNA Isolated from venous blood lymphocytes of the corresponding patients were used as normal control. Cell line DNAs from HOC 605, Na, Ca 922 and ZA (sakai and Tsuchida, 1992) were used as positive control.

Association with other prognostic factors were analysed.

Result:

Of 35 Cases studied, three showed electrophoretic mobility shift in comparison to those of normal cell DNA. Amplified DNA Showing mutant band as sequenced to identify the mutation. The cases with mutated p53 gene had an aggressive clinical course.

Conclusion:

Cancer due to p53 mutations tends to occur in younger age group and has an aggressive clinical course. Large scale and long term study is required to assess the specificity of its association with other prognostic factors.

PRIMARY BREAST RECONSTRUCTION USING CONVENTIONAL TRAM FLAP VERSUS SKIN SPARING MASTECTOMY (SSM) & DEEPITHELIALIZED TRAM FLAP - RESULTS OF INITIAL IRCH EXPERIENCE.

Dr. S.V.S. Deo, Dr. N.K. Shukla
Department of Surgical Oncology, Institute Rotary Cancer Hospital (IRCH), All India Institute of Medical Sciences(AIIMS), New Delhi.

Abstract: Between January 1994 and December 1997 thirty suitable breast cancer patients underwent primary breast reconstruction (PBR) using conventional pedicled TRAM flap and 8 patients between January 1998 and December 1999 underwent Skin sparing Mastectomy (SSM) and Deepithelialised TRAM flap PBR. In the conventional group 6 were bipedicle and 24 were unipedicle flaps and marlex mesh was used in 22 patients for sheath closure.The mean operating time was 4 hours. There were 3 partial flap losses (9.3%) and one complete flap loss (3%) in the conventional group and 25 out of 30 (78%) had good cosmetic out come. All patients had a "patch like appearance " at recipient site. In comparision all SSM patients had unipedicled flaps and mesh for closure was used in all the patients. The mean operating time was 6 hours. There was one complete flap loss in SSM group. Seven out of 8 patients had good to excellent results and none had a "patch like appearance". In conclusion SSM & Deepithiliased TRAM gives superior cosmetic results (near normal) in comparision to conventional TRAM flap and overall patient satisfaction was good in this group. However SSM DE TRAM Procedure is technically demanding and not all breast cancer patients are suitable for this procedure.

Quality of life and Cancer surgery

ROLE OF BREAST RECONSTRUCTION

Thomas Varghese
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Department of Surgical Oncology,
MOSCM Medical Hospital,
Kolenchery,Erankulam 682311
E mail - tomy@satyam.net.in.

Quality of life of individuals who undergo various surgeries for malignancy is a challenging issue globally. Effective treatment for Breast Cancer can produce a fairly good ten year survival rate in comparison to many other cancer sites. Today we are armed with an array of prognostic variables which in turn decides the biology of the disease. Though various options exist for the surgical management of operable breast cancers, by far the gold standard still is Modified Radical Mastectomy (MRM). The potential psychological,sexual, and physical dysfunction caused by both the diagnosis and treatment can have a deleterious impact on the quality of a woman's life. Anxiety, depression, fear of loss of body image, self esteem, unaceeptance by spouse are part of it. Problems are compounded in many who are striken by the disease at the prime of their youth. Breast reconstruction aims at alleviating these psychological and physical morbidity and there by offering the best quality of life, without jeopardizing oncological principles.

This prospective study is based on the personal experience on 58 subjects who underwent breast reconstruction both Primary (MIBR_48/58) and Secondary (10/58) reconstruction from 1993-1999. Youngest was 28 and oldest 65 years old. Tram flap was used in 30 and LD flap in the rest Quality of life evaluation was based on both subjective and objective parameters. Subjective evaluation was done by psycho social worker by means of questionaire. Objective evaluation was done by the clinician. Women who underwent MRM alone and no reconstruction were the controls. 52/58 subjects had excellent, 4/58 had good, 2/58 had average end results. 2/58 had partial flap necrosis, 15/58 had minor complications like wound infection, seroma, partial flap break down etc but could be salvaged. Co morbidity in the form of Diabetes, Hypertension and IHD were present in 2. Objective evaluation was based on size matching, color and texture of the reconstructed breast, recreation of inframammary fold and Bilateral symmetry. Subjective evaluation showed that all the 58 patients rated their reconstruction as excellent and gratifying. Working class (40/58) were able to resume their job in 3 month's time. Spouses rated reconstruction sexually more appealin than mastectomy scar in all cases. Psychological, sexual, social, emotional rehabilitation were faster than the controls.

To conclude, Breast Reconstruction can alleviate psychological and physical morbidity of mastectomy, especially in long term survivors, and hence improve Quality of life

LOBULAR CARCINOMA OF THE FEMALE BREAST WITH A SYNCHRONOUS BRACHIOGENIC CARCINOMA PRESENTING WITH DEEP VEIN THROMBOSIS

Chandra Kala SR, Srinivasan R, Purnima Makhija
Department of Pathology, St. John's Medical College, Bangalore.

Dual malignancies are not uncommon and their presentation can be related to either one or both lesions. We present here an unusual case of a 42 year old female patient who presented with history of pain and oedema of the left lower limb. A clinical diagnosis of deep vein thrombosis was made. On examination she was found to have nodules in both inguinal regions, one of which showed features of a metastatic squamous cell carcinoma. A search for the primary tumour led to the discovery of two unrelated malignancies - a lobular carcinoma of alveolar type in the breast and a branchiogenic carcinoma.

This case is presented for the unusual presentation synchronous primary malignancies. It is the first of its kind in the world English literature.

Key Words: Lobular carcinoma, breast Branchiogenic carcinoma Deep vein thrombosis.

METACHRONOUS AND SYNCHRONOUS TUMOURS OF BREAST; A SEVENTEEN YEAR STUDY.

Professor M.K., Bhavana Rai, Jayraj P, Sood Sandhya
Department of Radiotherapy, Christian Medical College, Ludhiana.

Patient with carcinoma breast are at a risk of developing a separate neoplasm at the time of presentation (synchronous) or develope a second neoplasm after the first has been treated (metachronous). Retrospective study of patient with bilateral carcinoma of breast was done from 1983-January 2000. Out of a total of 1122 cases of breast, presenting to CMC Ludhiana, OPD, 10 had bilateral breast disease. 7 were metachrnous and 3 were synchronous. Maximum interval between development of second cancer was 84 months. Follow up ranged from 2-63 months. 20% patients developed skeletal metastasis. 2 patients were lost to follow up. A detailed analysis of various associated factors will be presented.

BREAST METASTSIS FROM OLFACTORY NEUROBLASTOMA(ONB).

Dr. M.S. BELLIAPPA, M.D., DMRT., DNB
Consultant - Radiation Oncologist

Breast metastasis from non mammary malignant neoplasm's are very rare. The incidence is very low as less than 2 % Olfactory neuroblastomas are rare malignant tumor of the olfactory epithelium. Like any other neuoblastomas it is a potential for distant metastasis. Here we are reporting a case of olfactory neroblastoma with breast metastasis with review of literature, the prognosis, management etc.,

Sd/-
Dr. M.S. Belliappa

CONSERVATIVE BREAST MANAGEMENT: OPTIMAL RADIATION DOSAGES

Dr. Shende S.S., Prof. Mahajan M.K.,Dr. Navneet Chaudhary, Dr. Kapoor Rajiv and Dr. Zachariah A, Dr. V. Singh, Dr. Jaineet Sachdeva, Dr. Meena Sudan.
Department of Radiotherapy,Christian Medical College, Ludhiana. Department of Surgery and Medical Oncology.

INTRODUCTION:

The goal of conservative breast management is to have a local control along with prime importance to cosmesis using conservative surgery (CS), Radiotherapy (RT) with or without chemotherapy (CT).

Studies have shown that CS & RT with (1) or without boost (2) have similar local control rate at 8 year follow up.

AIM:

To evaluate the effect of post operative radiation dosages in avarage (50 Gy) in acheiving loco regional control.

MATERIAL & METHODS & RESULTS:

This retrospective study includes 14 patients attending CMC & Hospital, Radiotherapy OPD during 1982-99. The patients are in the age range of 27-80 years., Stagewise distribution II A-6, II B-4, III B-3, unspecified -2. Quadratectomy and Lumpectomy was done in 3 & 11 patients resp. with mean interval of 41/2 months, between surgery and RT. margins were free of tumour. 9 patients had axillary clearance.

All patients received EBRT with Co-60 teletherapy by 2 parallel opposing tangential fields with a modal dose of 50-59 Gy in 25 fractions over 5 weeks. Separate field for internal mammary nodal irradiation was used in 3 patients.

Chemotherapy using CMF (6 cycles) administered in 7 patients. Hormonal therapy using Tamoxifan in 11 patients.

None of the patients recurred locally at a follow up period of (6 months-12 years) mean follow up of 32 months) while 3 developed distant metastases and were treated with palliative RT and salvage chemotherapy.

CONCLUSION: 1. This study reveals that teletherapy doses upto 50 Gy post-up is adequate for local control.,

2. The study revealed that the dosages in conservative breast management is 50 Gy EBRT with or without boost CT/hormonal therapy, but the results are to be taken with a pinch of salt inview of small sample size.

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2. Van Dongen J. Bartelink H. Fenkmen I. et al. Randomized Clnical trial to assess the value of breast conseving therapy in stage I & II breast cancer, EORTC 10801 trial. J Natl Cancer Inst. Monogr. 1992; 11:15

BREAST CANCER - PADHAR HOSPITAL EXPERIENCE - A RETROSPECTIVE STUDY OF 6 YEARS WITH DIFFERENT COMBINATION 1993 - 1998

Anand Vijay Kumar
Senior Physicist
Padhar Hospital
P.O. Padhar, Dist. Betul (M.P) 460 005 India
Tel & Fax : 07145 - 63346

Padhar hospital in Betul district, the only rural oncology centre in Central India has given priority in the area of prevention and treatment of Breast cancer through various modalities like surgery, radiotherapy and chemotherapy following different combinations. So far from 1982, 467 Cancer breast cases have been treated with external cobalt therapy and 10 cases with Ir-192 implants. Most of the patients who report to this hospital from rural parts of M.P. Maharastra and adjoining states of U.P. and Bihar come in stage III when the tumour has spread to regional lymph nodes. A retrospective study of 126 cases treated at this hospital from 1993-1998 has been discussed in this paper. Those patients requiring palliative care are admitted in the palliative care ward where they receive counseling and emotional support by our Palliative care team. Details will be presented.

PRELIMINARY RESULTS OF USING TRASTUZUMAB (HERCEPTIN) FOR METASTATIC CARCINOMA BREAST - AIIMS EXPERIENCE

Dr. P.K. Julka, Dr. Partha Mukhopdhyay, Dr. B.S. Awasthy, Dr. Partha Sarathi Sutradhar, Dr. Nachiappan P.L., Dr. G.K. Rath

Introduction : The human epidermal growth factor - 2 (HER 2) gene is a protooncogene which encodes a 185 kD transmembrane glycoprotein designated as p185HER2 which is often simply called the HER2 protein or receptor.

In vitro and animal studies have indicated that HER 2-protein overexpression plays an important role in tumor development or progression. A HER2 positive status can be seen in approximately 30% of metastatic breast cancer patients HER2 gene amplification usually appears as a pre-requisite of HER2 protein overexpression in the majority of these cancers.

Summary of Cases : We report six cases of metastatic breast cancer and endometrial cancer in which Herceptin has been used as a treatment modality. All the patients of carcinoma breast received second line chemotherapy with Docetaxel based regime along with Herceptin. Herceptin was given in a weekly schedule of IV infusion as 4 mg/kg as the loading dose on first week followed by 2mg/kg on subsequent weeks. The median number of Herception doses was 4.5 (range 1-11 doses). The median age of the group of breast cancer patients was 54yrs (range 41-57 yrs). Of the five breast cancer patients two had metastasis at presentation and the rest had metastasis after a median gap of 28 months (range 11-50 months). The patient with carcinoma endometrium also had metastasis at presentation. The median follow up after use of Herceptin (along with chemotherapy) in these patients was 2 months (range 1-9 months). One patient of carcinoma breast died of

metastatic disease after 24 months. The predominant sites of metastasis were lungs and bones. Two patients are alive without disease, one patient has partial response to single lung metastasis (carcinoma endometrium), one patient could not be evaluated due to short follow up after starting Herceptin and one patient developed a second site of metastasis in bone (progressive disease) though partial response to the initial lung metastasis.

Discussion : In patients of metastatic breast cancer overexpressing HER2 protein, there is an apparent resistance to hormone therapy. Data also suggest a relative resistance to CMF and strong interaction between HER2 overexpression and chemosensitivity to anthracycline. The preclinical studies in HER2 positive animal models have produced promising results when combining Paclitaxel with agents that interfere with HER2 function. The HER2 receptor provides and accessible extracellular target for novel and specific anticancer treatment. The murine 4D5 monoclonal antibody has been humanized and resulting recombinant human anti-HER2 MAb (rhu MAb - HER2) has been effective in phase II and III clinical trials in patients with metastatic breast cancer. These date are also supported by our results of this preliminary study.

Conclusion : Taxene based regimens as a second line chemotherapy with the use of Herceptin (in patients overexpressing HER2) gives promising results in metastatic breast cancer and possibly in metastatic carcinoma endometrium patients. Larger studies are required to evolve a clear-cut treatment policy.

EFFECTIVENESS OF BREAST CONSERVATION THERAPY USING 192 - IRIDIUM IMPLANTS.

G. Kilara, M.S. Tarakanath, & S.V. Jamema
Curie Centre of Oncology,
St. John's Medical College Hospital Campus
Koramangala, Bangalore - 560 034

Breast conservation therapy is based on achieving high local control and good cosmesis without compromising cure rates. The present study addresses these. 34 patients of infiltrating Duct Carcinoma T1-2 No.1 M0 were treated with Lumpectomy. Axillary clearance/ sampling and post-op Radiotherapy. External radition of 45Gy/25Fr 5Fr/Wk with CT scan aided simulation was followed by a two plane 192 Iridium implant to a dose of 18Gy Paris dosimetry. Local control of 91%, with acceptable cosmesis of 91% and poor cosmesis of 9% were achieved. 4/34 had distant metastasis but were locally well; 3/3 had metastasis as well as local failure. Breast conservation therapy using Ir 192 implants gives excellent local control and cosmesis.

PSYCHONEUROIMMUNOLOGICAL STUDY OF BREAST CANCER

Dr. Sitaram, M. phil., Ph.D Consultant Psycho-oncologist, Curie Centre of Oncology, Bangalore,
Dr.G.Kilara. MD; Consultant Radiation Oncologist, Curie Centre of Oncology, Bangalore,
Dr. K.S. Gopinath, MS; Consultant Surgical Oncologist, Bangalore Institute of Oncologist, Bangalore.
Dr.B.S. Ramesh.MD;DMRT, Consultant Radiation Oncologist, Bangalore Institute of Oncology, Bangalore.
Dr. Gopal Pande, Scientist, Centre for Cellular and Molecular Biology (CCMB), Hyderabad.
Dr, Ashok Khar, Scientist, CCMB, Hyderabad.
Dr.W.Selvamurthy, Director, Defense Institute of Physiology and Allied Sciences, New Delhi.

The field of Psychoneuroimmunology (PNI) has provided ample evidence of the Mindbody inter play. Research Pertaining to PNI of cancer is scant. The present study explores mind-body nexus using Breast cancer as a model. The study consisted of four groups viz., I Breast cancer patients (n=43), II Spouses of group I (n=31), III. Female caregivers of group I (=n9), IV Normals (n=37). Subjects of group I were assessed pre-post of their cancer therapy (Surgery, Radiation, and Chemotherapy). Simultaneously the other three groups were assessed. Life changes, personality, coping, social supports, depressions, anxiety, and neuro-immunological parameters such as, plasma cortisol, NK activity, NK cell % T cell, CD4, CD8 levels, Con A, PHA activity, B cell % lg levels, PWM activity, and plasma IL2 receptors levels were studied. Step-wise multiple regression analysis of data showed that the psychological variables are predictors of immune functioning. Coping emerged as the most outstanding psychological parameters impacting all arms of the immune system. Utilization of positive coping methods was seen to enhance numbers of T and B cells, activity of natural killer (NK) cells and levels of specific immnuoglobin (IgA). On the other hand, presence of more negative psychological factors and coping mechanism lead to a suppression of all immnuglobulins (IgG,IgA and IgM), and helper-T cells. Overall, this study demonstrates clearly that positive psychological states of mind as well as adaptive coping methods impact the immune system positively. Conversely, negative states of mind and ineffective coping produce a negative impact on the immune system. The fact that his trend holds true for normals as well as for cancer patients establishes that the mind can and does influence the immune system.

MARKERS IN BREAST CANCER MANAGEMENT

Dr. Devendra D. Patel, M.S., F.R.C.S. (Edin., London).* ***Dr. Neelam G. Shah,*** Ph.D.***
Dr. Hemangini H. Vora, Ph.D.**
** Director & Head, Speciality Clinics of Surgery, ** Division of Molecular Endocrinology,*
**** The Gujarat Cancer and Research Institute, Ahmedabad, India*

The clinical relevance of biologic markers in breast cancer management has been recognized for many decades. At the Gujarat Cancer and Research Institute, we have been studying established and newer prognosticators in breast cancer patients to better define a predominant market to predict patients' prognosis and to monitor the disease course. The established prognosticators included steroid receptors (ER, PR), CEA and CA 15-3. The newer prognosticators included growth factors and their receptors (EGF, IGF-1, EGFR, IGF-1R), tumor markers (MSA, CASA, TPS, prolactin) and molecular markers (prolactin, p53, Bcl-2, c erb B2, Ki-67, CD44, FVIII-RA, bFGF). Steroid and growth factors receptors were estimated in tumors by radioreceptorassay, tumor markers and growth factors in peripheral blood by radioimmunoassay and molecular markers in tumors by immunohistochemistry. Amongst steroid and growth factor receptors, ER negativity (P=0.012), and EGFR >83.3 fmol membrane protein (P=0.045) were indicators of unfavourable prognosis compared to their respective counterparts.Sequential estimations of CEA, CA 15-3, TPS and prolactin correlated with disease progression/remission in 51%, 62% 78% 'and 98% of the patients, respectively. Multivariate survival analysis of (conventional factors and circulating tumor markers) indicated that apart from stage, prolactin emerged as the most significant prognosticator predicting relapse free (P=0.002) and overall survival (P=0.002) Multivariate survival analysis of immunohistochemically localized molecular markers indicated that in stage II patients, p53 expression was a significant predictor of shorter relapse free (P=0.034) and overall survival (P=0.076); in stage III patients, Bcl-2 negatively was a significant predictor of poor overall survival (P=0.001). Thus, preoperative hyperprolactinemia (PRL >20.0 ng/ml) is an indicator of aggressive phenotype and can be used as an disease monitor. Also, p53 expression in primary tumors of stage II patients and lack of Bcl-2 expression in primary tumors of stage III breast cancer patients are indicators of aggressive phenotype.

EVIDENCE BASED CLINICAL PRACTICE GUIDELINES FOR BREAST CANCER MANAGEMENT

Dr. *K.T. BHOWMIK*

CONSULTANT IN RADIOTHERAPY & HEAD, DEPARTMENT OF RADIOTHERAPY, SAFDARIANG HOSPITAL, NEW DELHI- 110029.

In November 1993, the National forum on Breast Cancer in Canada commissioned a Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer. Recommendations prepared by the Steering Committee put forward a set of recommendations by the end of 1997. Cancer Care Ontario (CCO) and the Ontario Ministry of Health, Taronto decided to review the recommendations of the Steering Committee to develop Clinical Practice Guidelines for Ontario, Canada. The CCO methodology of CPG development, which consists of a group of methodologists who are responsible for getting the evidence and also doing a systematic review of the evidence. The draft sets of recommendations were prepared. To make the recommendations sensitive to the values and subtle circumstances that affect decisions in specific practice settings, practioners using formal survey methods vette these recommendations. Only then the EB-CPG were finalized and adopted.

In all a list of 10 topics were developed by CCO for which CPG were farmed. The guidelines are based on a systematic review of published evidence and expert opinion. References were identified through a computerized citation search using MEDLINE and CANCERLIT up to 1997. Only papers published in English language were taken up as evidence.

As a sample the EB-CPG for Breast Radiotherapy after Breast-Conserving Surgery is presented.

The following are the recommendations:

1) Women who undergo BCS should be advised to have postoperative breast irradiation.

2) Omission of radiotherapy after BCS almost always increases the risk of local recurrence.

3) Contraindication to breast irradiation include pregnancy, previous breast irradiation and inability to lie flat or to abduct the arm.

4) The commonest fractionation schedule used is 50 Gy in 25 fractions to the whole breast without a boost when excision margins are free. The role of boost irradiation to the primary site is unclear. Irradiation of the whole breast rather than partial breast is recommended.

5) Physicians should adhere to standard treatment regimens to minimize the adverse effects of irradiation.

6) It is recommended that local breast irradiation should be started as soon as possible after surgery and not later than 12 weeks after, except for patients in whom radiotherapy is preceded by chemotherapy.

7) The optimal sequencing of chemotherapy and irradiation is not clearly defined for patients who are also candidates for chemotherapy.

The presentation will analyze the available evidence for each of the above recommendations.

SCIENTIFIC PROGRAMME

VENUE : National Science Seminar Complex
Indian Institute of Science, Bangalore-560 012.

1ST DAY 8TH MARCH 2000 — J.N. TATA AUDITORIUM

9.00 to 9.30 a.m.	Inauguration of Scientific Programme	Prof. S. Chandrashekar Shetty Vice Chancellor, RGUHS
	Chair Persons **Prof. S. Chandrashekar Shetty** **Dr.B.S.Srinath**	
KN-1	**Key Note Address**	
9.30 to 10.15 a.m.	Dr. V. Shantha, Chennai,India Breast Cancer : Strategies and challenges for the new Millennium	
KN-2	**Chair Persons** **Dr. R.B. Patil** **Dr. U. Sheshadri**	
10.15 to 11.00 a.m.	Prof. Badellino, Italy Breakthrough in Breast Cancer - Milan trails.	
11.00 to 11.15 a.m	**TEA BREAK**	
	Chair Persons **Dr. Jayashree Roy Chowdhary**	
CL-1	**Dr. K.G. Kallur**	
11.15 to 11.45 a.m.	Dr. Suresh Jhanwar, USA. Biological and clinical implications of genetic alteration in Breast and ovarian cancer.	
CL-2		
11.45 to 12.15 p.m	Dr. D.D. Patel,Ahmedabad.. Markers in Breast Cancer Management.	
CL-3		
12.15 to 12.45 p.m	Dr.B.A. Krishna, Mumbai Nuclear Medicine - Solutions in Breast cancer management	
12.45 to 1.30 p.m	**LUNCH**	
Post Lunch Session : Hall A		
CL-4	**Chairpersons** **Dr.S. Bhoopal** **Dr.A.C. Deka**	
1.30 to 2.00 p.m	Dr.M. Blakey,Austrailia Newer trends in breast cancer management	

	Chairman : Dr. G.Kilara
	Co-Chairman : Dr.D.D. Patel
2.00 to 3.30 p.m	Symposium I : Early Breast Cancer
	Evaluation : Dr. Bose, Chandigarh - S 11
	Surgery : Dr. Baudelino, Italy - S 12
	R. Therapy : Dr. J. Stumpf, Chennai - S 13
	Chemotherapy : Dr. Smruthi Krishna, - S 14
3.30 to 3.45 p.m	**TEA BREAK**
	Hall A
	Chair Persons
	Dr. Ajai Kumar
	Dr. Nalini Kilara
3.45 to 5.30 p.m	Symposium II : Herceptin Symposium
	Dr. Nawani, Mumbai - S-21
	Dr. P.Jhulka, Delhi - S 22
	Dr. Arun Kurkure, Mumbai - S 23
5.30 to 6.30 p.m.	Cultural Programme
	M.S.Ramaiah Medical College Students
7.30 p.m	Inauguration of conference at **HOTEL ASHOKA**

2ND DAY 9TH MARCH 2000

	Chairpersons
KN-3	**Dr.M. Jagadeeshan**
	Dr. G. Gopal
9.00 to 9.45 a.m	Dr. David Khayath, Paris
	Critical evaluation of present day Chemotherapy in Cancer
	Breast - directions for the future.
KN-4	
9.45 to 10.30 a.m	Dr. K.A. Dinshaw, Mumbai
	Redefining the role of Radiotherapy in Breast Cancer.
10.30 to 10.45 a.m.	**TEA BREAK**
	Chair Persons
CL-5	**Dr. M.K. Mahajan**
	Dr. M. Vijaya Kumar
10.45 to 11.15 a.m	Dr. I. Mitra, Mumbai
	TNM Classification - Should it be modified ?
11.15 to 12.45 p.m	**Chair Persons**
	Dr.B.Sanyal
	dr.Babaiah
	Symposium III : Locally advanced and Metastatic Breast Cancer

Management of Locally advanced Breast Cancer : Dr. N.C. Mishra, Lucknow - S 31
Radiotherapy in Locally advanced and Met. Breast Cancer : Dr.S.C. Sharma, Chandigarh - S 32
Chemotherapy in advanced/ Metastatic breast cancer : Dr. Purvesh Parikh, Mumbai - S 33
Pain Management in advanced breast cancer : Dr. S. Vijay Ram, Bangalore -S 34

12.45 to 1.30 p.m	LUNCH
	Chair Persons:
CL 6	**Dr. Ravindra Kalgadgi**
	Dr. Ramesh S. Bilimagga
1.30 to 2.00 p.m	Dr. K.T. Bhowmik, New Delhi
	Evidence based recommendations for Breast Cancer Management
CL7	
2.00 to 2.30 p.m.	Dr.R. Badwe, Mumbai
	Do events at the time of surgery - Impact on survival
CL-8	
2.30 to 3.00 p.m	Dr. Nanda Kumar, Bangalore
	Breast cancer end results - Indian context.
3.00 to 3.15 p.m.	**TEA BREAK**
	Chair Persons & Raportiers
	Dr. Nalini Rao
	Dr. M. Udaya Kumar
3.15 to 4.45 p.m	Panel Discussion I: Controversies in Breast Cancer
	Dr. K.T. Bhowmick/Dr. P.B. Desai/Dr. I.Mitra
	Dr. Chopra/Dr. Blakey
5.15 to 7.15 p.m.	***Satellite Symposium***-Taxanes in the management of Cancer
	Chairperson : Dr.S.H. Advani, Mumbai
	Speaker : Prof. David Khayat, Paris
	Dr. D.C. Doval, New Delhi
	Dr. Arun Kurkure, Mumbai
	Dr. Shekar Patil, Bangalore

3RD DAY, 10.03.2000

	Chair Persons:
	Dr. P.S.Prabhakaran
CL-9	**Dr. Suresh Datta**
9.00 to 9.30 a.m.	Dr.P.B. Desai, Mumbai
	A century of Breast Cancer : What have we learnt ?
CL-10	
9.30 to 10.00 a.m	Dr.I. Mitra, Mumbai
	Breast Cancer Screening in India

Cl-11		
10.00 to 10.30 a.m.	Dr.P. Parikh, Mumbai Hormone therapy - Beyond tamoxifen	
10.30 to 10.45	**TEA BREAK**	
Cl-12	**Chair Persons** **Dr. K.S. Shekar** **Dr. Sadashiva Murthy**	
10.45 to 11.15 p.m.	D.r Bathena, Mumbai Breast Reconstruction	
11.15 to 1.15 p.m.	PARALLEL FREE PAPER SESSION	
	Hall A Chair Persons Dr. V. Subba Rao Dr. Parameswaran	Hall B Chair Persons Dr. B. Sanyal Dr. N. Viswanathan
1.15 to 2.00 p.m	**LUNCH**	
	Chair Persons Dr. K.S. Gopinath Dr. I.Mitra	
2.00 to 3.30 p.m.	PANEL DISCUSSION II : LESSONS FOR THE FUTURE - PD 2 Dr. P.B. Desai, Mumbai Dr.S.C.Sharma, Chandigarh Dr. Rajan Badwe, Mumbai Dr.S.H. Advani, Mumbai Dr. Blakey, Austrailia	
3.30 to 4.00 p.m	**TEA BREAK**	
4.00 p.m.	Valedictory Functions	

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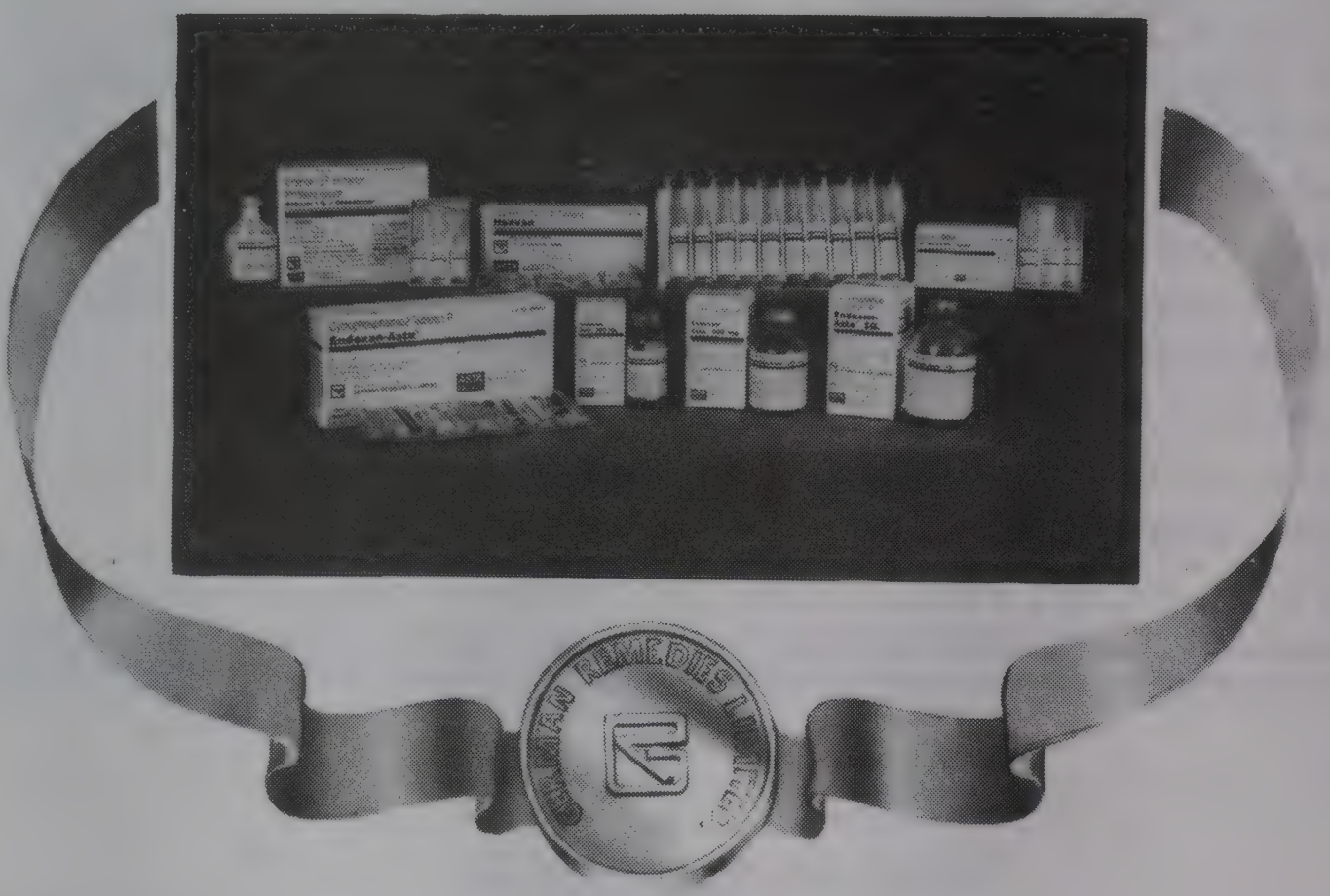

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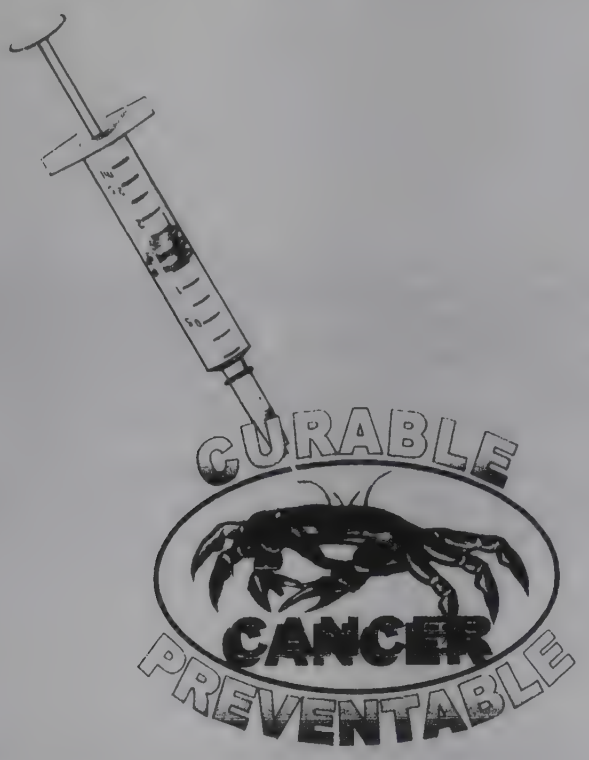

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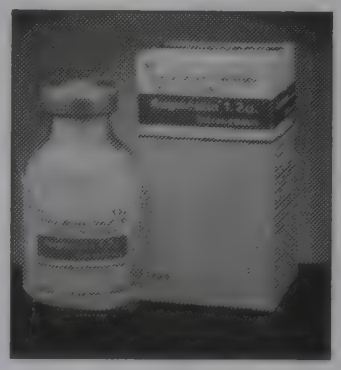

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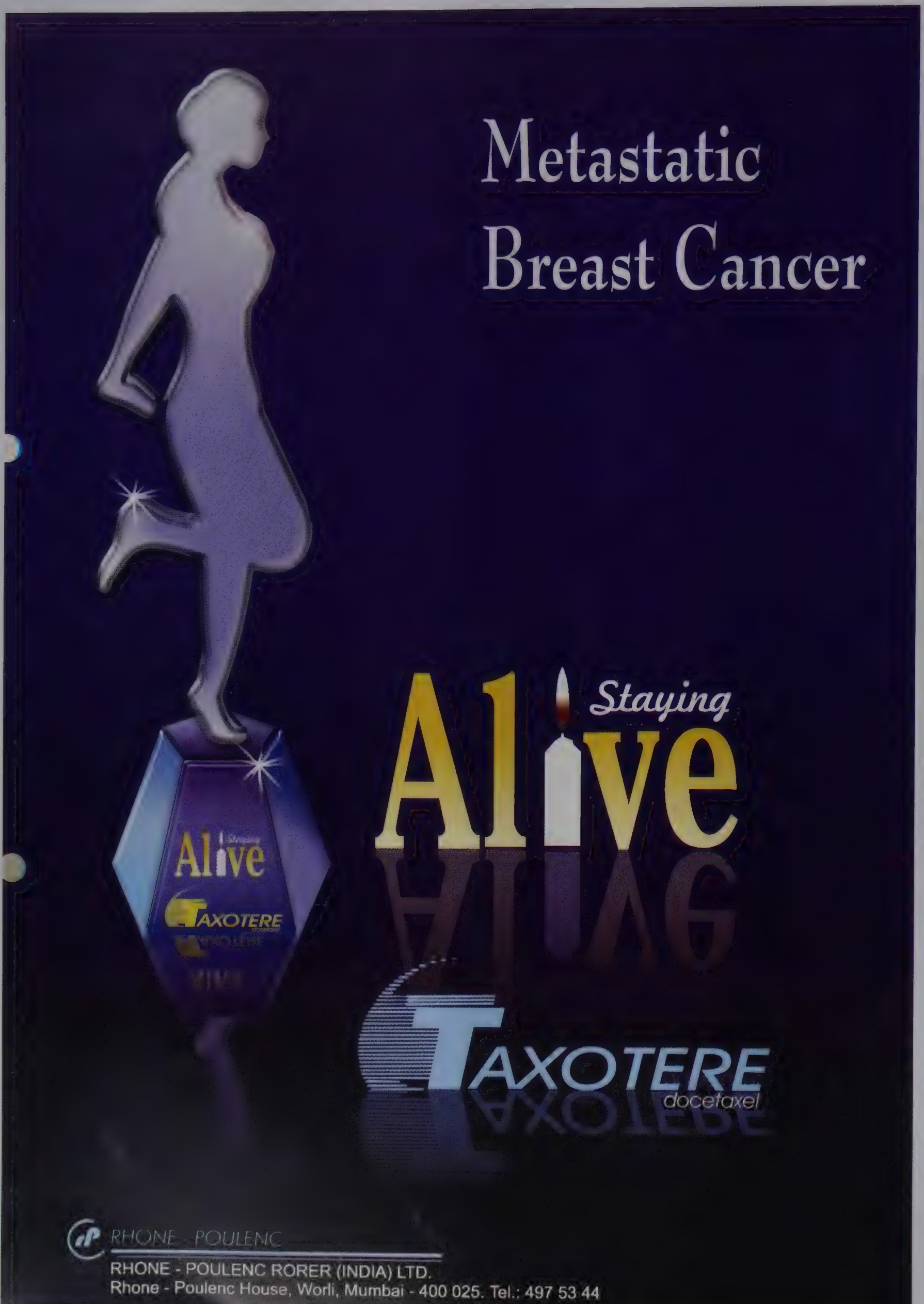
Metastatic
Breast Cancer
Staying
Alive
Alive
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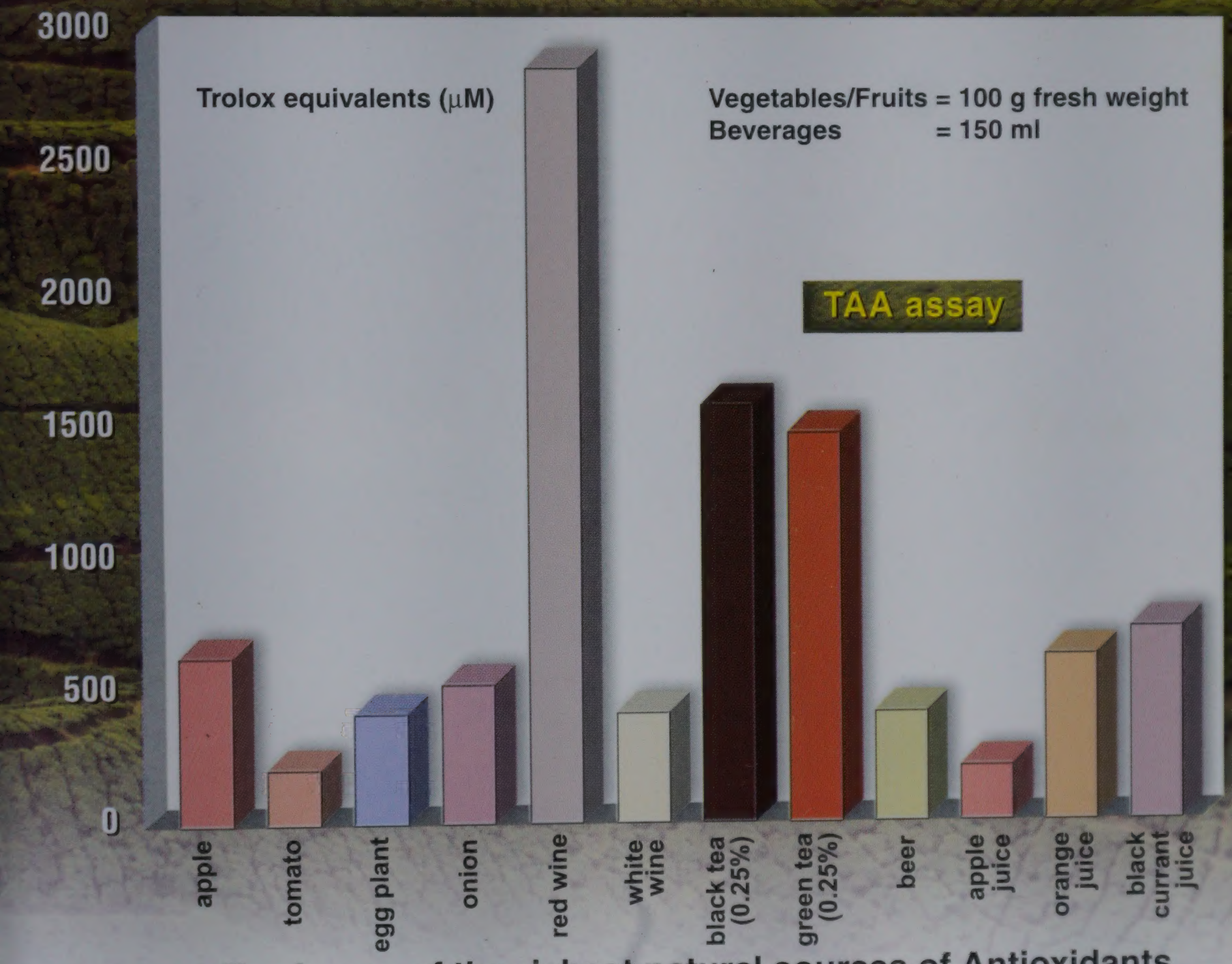
Brooke Bond

Tea & Health

Information Centre

Antioxidant Activity: A Comparative Chart



Tea is one of the richest natural sources of Antioxidants

Paganga et al: Free Radical Research (1998)

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Solutions

Developing
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MYOVIEW

KIT FOR THE PREPARATION OF TECHNETIUM M99M TETROFOSMIN

Thyroid Cancer/Parathyroid Scintigrapy
Scinti-mammography
Cardiac Scintigraphy

For further information please contact

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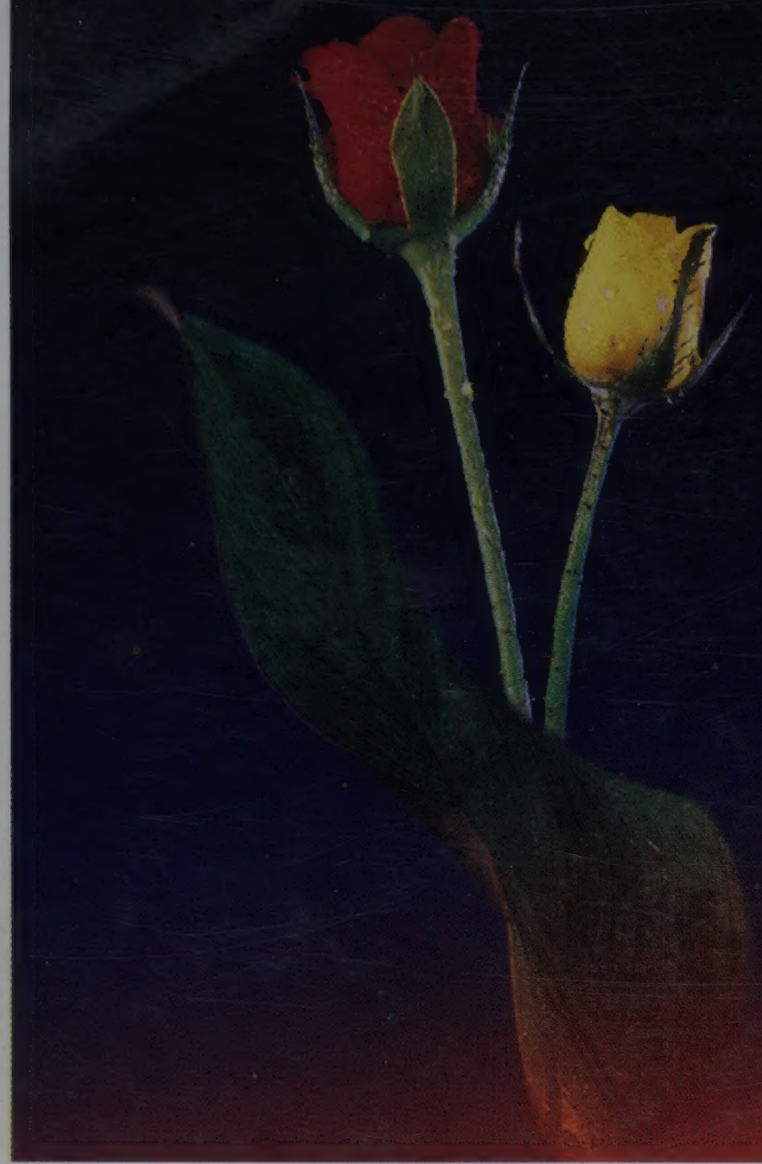

"Blood cells, like cut flowe
do not last. It is a tribute
nature's recondite harmony
...that blood cell leve
normally are maintaine
within narrow lim
despite life's perturbation
Eur J Haem 1997 : 59 : 177 -

**Glycosylation make
all the differenc**

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